## LOCAL PROJECTS GRANTS REGIONAL EVALUATION PACKET

| NAME OF APPLICANT |   |  |
|-------------------|---|--|
| DATE              | - |  |
| RECION            |   |  |

#### **Instructions for Local Project Grants Application Scoring**

The **Applicant Regulatory Penalties** section should be completed by the appropriate PHR staff. A brief description of the regulatory actions resulting in the Applicant's **loss of points** (up to -10) must be stated. This section applies to regulatory actions other than any of the following in the 2 years prior to the LPG application - revocation, suspension or penalties of \$1000 or more. This may or may not apply to penalties that have been probated.

The **Applicant Bonus Points** section should be completed by the appropriate PHR staff and a brief description of the exemplary performance resulting in the Applicant's receipt of additional points (up to 10) must be stated. The section must be signed by the PHR staff assigning the points and includes outstanding performance in the previous 2 years immediately preceding the LPG request.

The **Grading Criteria** section should be scored according to the following guidelines:

#### For criteria that can be scored "0-5-10":

If evidence of a criterion is absent or completely unsatisfactory, it should be scored "0".

If evidence of a criterion is partially met, it should be scored "5".

If evidence of a criterion is addressed in full, it should be scored "10".

#### For criteria that can be scored "0-10-20":

If evidence of a criterion is absent or completely unsatisfactory, it should be scored "0".

If evidence of a criterion is partially met, it should be scored "10".

If evidence of a criterion is addressed in full, it should be scored "20".

# TEXAS DEPARTMENT OF HEALTH LOCAL PROJECT GRANTS

| APPLICANT   |
|---|
| Applicant Regulatory Penalties  |
| (To be completed by the appropriate Public Health Region). Points = $0$ to $-10$ :  |
|   |
|   |
| TDH Evaluator Date  |
|   |
| Applicant Bonus Points  |
| Bonus points to be awarded for outstanding performance during the 2 years immediately preceding the LPG request. Evaluator please specify rationale below and assign up to 10 points for program innovation, recipient of outstanding performance award, or other exemplary performance.  Points = 0 to 10: |
|   |
|   |
|   |
|   |
| TDH Evaluator Date  |

### **Grading Criteria for Local Project Grants**

| <b>APPLICANT</b> |  |
|------------------|--|
|                  |  |

| CRITERION  | MAXIMUM POINTS TO BE<br>AWARDED | POINTS<br>AWARDED |
|--|---------------------------------|-------------------|
| 1. Is this an appropriate project for the Region (as identified by the RAC Regional Needs                      |                                 |                   |
| Assessment) and the entity   |                                 |                   |
| a. Is this project in according with the needs of the region (is this supported by the Regional Needs          | 0-5-10                          |                   |
| Assessment)  |                                 |                   |
| b. Does the scope of the project go beyond the boarders of this entity   | 0-5-10                          |                   |
| c. Is there a need for this project (i.e. even if this in not a regional need, is this a need for this entity) | 0-5-10                          |                   |
| dDoes the applicant have a need for a LPG Grant to fund project  | 0-10-20                         |                   |
| Total  | 50                              |                   |

**Evaluation Justifications:** 

| CRITERION   | MAXIMUM POINTS TO BE | POINTS  |
|---|----------------------|---------|
| 2. The proposal clearly proioritizes problems and identifies solutions                            | AWARDED              | AWARDED |
| a. The proposal clearly identifies the applicant's weaknesses, strengths, and opportunities for   | 0-5-10               |         |
| improvement.  |                      |         |
| b. The problems are defined and listed in priority order.   | 0-5-10               |         |
| c. The long-term benefit of each project is identified as it relates to the community, system, or | 0-5-10               |         |
| organization.   |                      |         |
| d. The proposal offers appropriate solutions to the problems identified.                          | 0-10-20              |         |
| Total   | 50                   |         |
| Evaluation justification:   |                      |         |
|   |                      |         |
|   |                      |         |
|   |                      |         |
|   |                      |         |
|   |                      |         |

| CRITERION   | MAXIMUM POINTS TO<br>BE AWARDED | POINTS<br>AWARDED |
|---|---------------------------------|-------------------|
| 3. The proposal clearly identifies appropriate activities and methods to accomplish project objectives. |                                 |                   |
| a. The method to accomplish each objective is described.  | 0 – 5-10                        |                   |
| b. Sufficient resources are allocated to accomplish the objectives.                                     | 0 – 5-10                        |                   |
| c. Sufficient time has been allocated to accomplish the objectives.                                     | 0 – 5-10                        |                   |
| d. The methods chosen will achieve project goals.   | 0 – 10-20                       |                   |
| Total   | 50                              |                   |

Evaluation justification:

| CRITERION  | MAXIMUM POINTS TO<br>BE AWARDED | POINTS<br>AWARDED |  |
|--|---------------------------------|-------------------|--|
| 4. The proposal provides evidence that personnel responsible for ensuring program success are qualified for their roles. |                                 |                   |  |
| a. The responsibilities of the project leaders are identified.   | 0 – 5-10                        |                   |  |
| b. Medical director involvement is clearly evident when appropriate.*  | 0 – 5-10                        |                   |  |
| * If b does not apply to the particular applicant, the applicant should be scored the maximum points.                    |                                 |                   |  |
| c. The persons responsible for project evaluation are identified.  | 0 – 5-10                        |                   |  |
| d. All persons responsible for this proposal are qualified for their roles and responsibilities.                         | 0-10-20                         |                   |  |
| Total  | 50                              |                   |  |

Evaluation justification:

| 5. The budget clearly identifies how the projects represent the most cost-effective use of funds to achieve the most effective | e outcome |              |
|--|-----------|--------------|
| a. The budget is sufficient to accomplish each project.  | 0 – 5-10  |              |
| b. The proposal establishes the need for LPG funds to support the projects   | 0-10-20   |              |
| Total  | 30        |              |
| Evaluation justification:  |           |              |
|  |           |              |
|  |           |              |
|  |           |              |
|  |           |              |
|  |           |              |
|  |           |              |
|  |           |              |
| Additional comments:   |           | Total Points |

| APPLICANT |  |  |
|-----------|--|--|
|-----------|--|--|

| Initial Review of LPG Application |                  |                   |  |  |
|-----------------------------------|------------------|-------------------|--|--|
| Applicant Grading points:         | Score:           |                   |  |  |
| Applicant Bonus Points:           | Score: +(+       | + (+10 point Max) |  |  |
| Applicant Regulatory Penalties:   | Score:(-10       | 0 Point Max)      |  |  |
|                                   | Total Score:     |                   |  |  |
| Recommendation: Full Funding      | Partial Funding: | No Funding:       |  |  |
| Amount Recommended:               |                  |                   |  |  |
| Justification:                    |                  |                   |  |  |
|                                   |                  |                   |  |  |
|                                   |                  |                   |  |  |
|                                   |                  |                   |  |  |
|                                   |                  |                   |  |  |
|                                   |                  |                   |  |  |
|                                   |                  |                   |  |  |
|                                   |                  |                   |  |  |
| TDH Evaluator                     |                  | Date              |  |  |